

Regional Directors, NHS England and NHS Improvement
CEOs of NHS Trusts/Foundation Trusts (Acute & Mental Health)
Chief Nursing Officers of NHS Mental Health Trusts
Chief Operating Officers of NHS Trusts / Foundation Trusts
Pathology Incident Directors
CCG Accountable Officers
Specialised Commissioning

15 March 2021

Dear Colleague

Timely Access to PCR testing for all NHS Mental Health Learning Disability and Autistic (MHLDA) Inpatients

Timely access to Pillar 1 and Pillar 2 PCR test results (within 24 hours of the sample being taken) can be challenging in some MHLDA inpatient settings, particularly those without a laboratory site in close geographic proximity. Pathology networks have been building capacity and resilience and we encourage you to work together to ensure speedy access to tests for these vulnerable patients.

This letter sets out recommendations for acute trusts and mental health trusts to support access to timely PCR testing for all NHS MHLDA inpatients in all settings (NHS and independent) serviced by Pillar 1 testing facilities. Many of our NHS laboratories can complete sample processing within 15 hours of receipt, and most samples are processed within 24 hours. For many MHLDA patients, self-isolating for longer than is necessary is detrimental to their recovery, adding to patients' distress. Timeliness at each part of the testing pathway is crucial.

Trusts are asked to consider their operational processes and adopt the following recommendations to improve access to timely PCR testing for these inpatients:

- Prompt transportation of swabs to laboratories. This may include the use of dedicated couriers for urgent swabs (eg those at admission).
- Clearly marking MHLDA swabs as urgent. This could include the adoption of uniquely coloured transportations bags or electronic flagging.
- Prioritisation within laboratories of urgent samples from MHLDA inpatient settings with processing times of less than 4 hours where possible.
- Where not already in place, development of a reporting process to ensure results are advised to MHLDA settings without delay. This could include electronic notification.
- Protocols are put in place to consider planned leave and discharge.

The above measures complement the Public Health England [COVID-19: Infection prevention and control for mental health and learning disability settings](#). This

guidance sets out the points during the patient's admission and stay at which testing should be undertaken, and the wider package of infection prevention and control measures which will, alongside testing, support reducing the risk of nosocomial infection in these settings.

We recognise that all staff are working exceptionally hard, as they have done since the start of the pandemic, and in many cases these principles are already in place. However, we are keen to ensure that patients are offered the highest quality of care and that there is parity of esteem across NHS inpatient settings. We request you implement the above recommendations as soon as is practically possible.

Thank you once again for your continued efforts during the pandemic.

Yours faithfully



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